RECORDING REQUESTED B		
WHEN RECORDED MAIL TO:		
Name:		
Address:		
City:		
State, Zip:		
	AFFIDAVIT OF DEATH OF	Above Space for Recorder's Use Only
	AFFIDAVIT OF DEATH OF	IRUSTEE
Assessor's Parcel Number: State of California		
	}} ss	
	, of leç	gal age, being first duly sworn, deposes and says:
		t mentioned in the attached certificate copy of
		ion of Trust dated,
executed by		as trustor(s).
2. At the time of the decedent's	death, decedent was the owner, as Trustee	e, of certain real property acquired by a deed
recorded on	, as instrument No	in Official Records of
	County, California, covering the following	ng described property situated in the said County,
State of California:		
3 I am the surviving successor	Trustee of the same trust under which said	decedent held title as trustee pursuant to the
-		
deed described above, and am	designated and empowered pursuant to the	e terms of said trust to service as trustee thereof.
Date	Print Name	Signature
	oleting this certificate verifies only the identity of the ind s, accuracy, or validity of that document.	lividual who signed the document to which this certificate is
State of California		
County of		
	firmed) before me on thisday of	
proved to me on the basis of sa	atisfactory evidence to be the person(s) who	арреатей реготе тте.
		(Official SEAL)
Notary Signat		